Please fill out the Washington State CFD application form below. All of the required questions must be answered in order to be included in the 2007 campaign. Your identity and answers to this form will only be used by Washington State and will not be shared or sold to any third-parties for marketing purposes. Thank you for taking the time to apply.

If you have any questions about this application process, please email cfd@dop.wa.gov.

Mail applications to: CFD, PO Box 47530, Olympia, WA 98504-7530 or hand deliver to: CFD, 600 South Franklin, Olympia, WA 98501. This application must be postmarked by Wednesday, March 1, 2007 to be considered for the 2007 CFD campaign.

Part 1: Charity Contact Information	* Required Field
Are you a new applicant or are you updating your application from last New Applicant Updating from Last Year	year? *
2) Are you registered with the Washington Secretary of State? If so, pleas Act Registration ID and status below. If you are unsure of this id, go to name. If you are not yet registered, please leave this field blank.	
CSA# Status	(Active, Complied, Exempt, Pending)
3) Please enter your six digit charity ID: To find this id, refer to the communication that was mailed or emailed to	o your organization concerning this process.
Name (Example - Trustees of United University): *	
5) Business Name/AKA/DBA (Example - United University):	
6) National or Parent Organization (if not applicable, please leave blank):	
7) Chapter or Branch (if not applicable, please leave blank):	
8) Which Federation/United Way are you affiliated with? (If none, please s	select not applicable)*
 □ 000000 Not Applicable □ 316706 America's Charities □ 316707 ArtsFund □ 316708 Community Health Charities of Washington State □ 316709 Earth Share of Washington □ 316710 Food Resource Network Federation (The) □ 316711 Global Impact □ 316712 Housing Development Consortium of Seattle-King County (HDC) □ 316713 Independent Charities of America □ 316714 Local Independent Charities of Washington State □ 316716 Pride Foundation □ 316715 Share America - Neighbor To Nation □ 316737 Twin County United Way □ 316717 United Good Neighbors Fund of Jefferson County □ 316718 United Way of Chelan and Douglas Counties □ 316710 United Way of Chelan and Douglas Counties 	□ 316722 United Way of Grant County □ 316734 United Way of Grays Harbor □ 316735 United Way of Island County □ 465718 United Way of King County □ 316723 United Way of Kitsap County □ 316724 United Way of Kittias County □ 316727 United Way of Klickitat & Skamania Counties □ 316728 United Way of Lewis County □ 316730 United Way of Mason County □ 316730 United Way of Pierce County □ 316731 United Way of Pullman □ 316732 United Way of Skagit County □ 316733 United Way of Snohomish County □ 316742 United Way of Spokane County □ 316736 United Way of Walla Walla County
 ☐ 316719 United Way of Clallam County ☐ 316720 United Way of Columbia-Willamette ☐ 316721 United Way of Cowlitz County 	☐ 316739 United Way of Whatcom County ☐ 316741 United Way of Yakima County ☐ 316740 Women's Funding Alliance

Pa	rt 1 Continued: Charity Contact Information	ı		* Required Field
9)	Charity Address 1: *			
10) Charity Address 2:			
11) Charity City:*	12)	Charity State:*	
13)) Charity Zip Code:*			
	(Zip code must be in xxxxx-xxxx format)			
) Charity Web Site Address (URL):	15)) Charity Email Address:*	
	(Please use the following format: http://www.mysite.com)			
16)) Charity Phone Number: *	17)	Charity Fax Number:	
	(Phone number must be in xxx-xxx-xxxx format)] [Fax number must be in xxx-xxx-xxxx format)	
18	EIN:*			
	(EIN must be in xxxxxxxxx format without hyphen)			
	art 2: Primary Charity Contact Information			* Required Field
		200		rtequired r leid
19) Charity Contact Name: *	20)]	Charity Contact Position:	
21	Charity Contact Phone Number:*	22)	Charity Contact Fax Number:	
۷١,	Charity Contact i none Number.		Charty Contact Lax Number.	
	(Phone number must be in xxx-xxx-xxxx format)	(Fax number must be in xxx-xxx-xxxx format)	
23)	Charity Contact Email Address:*	24)	Charity Contact 2nd Email Address (For Do	nor Acknowledgen)nen
Pa	rt 3: Distribution Address Information			* Required Field
No	te: if you chose a federation for question # 8, you may le	eave this se	ction blank as all funds will be dispersed	to the federation.
25) Distribution Street Address 1:*	26)	Distribution Street Address 2:	
	(Disbursement checks will be sent to this address.)			
27	Distribution City: *	28)	Distribution State:*	
/				
29) Distribution Zip Code: *	30)	Distribution Contact Name:*	
,				
	(Zip code must be in xxxxx-xxxx format)			

Part 3 Continued: Distribution Address Inform	nation	* Required Field
31) Distribution Contact Position:*	32) Distribution Contact Phone Number: *	
	(Phone number must be in xxx-xxxx format)	
33) Distribution Contact Fax Number:	34) Distribution Contact Email Address:	
(Fax number must be in xxx-xxx-xxxx format)		
35) Do you want disbursements sent to you by Electronic I	Funds Transfer? Yes No	
Part 4: Certification Statements		* Required Field
36) This organization adheres to generally accepted accounting	ng principles in financial and record-keeping practices:	Comply Do No
37) By checking the "ACCEPT" box, I certify that the organization		Compi
orders, and regulations restricting or prohibiting U.S. person	ns from engaging in transactions and dealings with countr	ies, entities, or
individuals subject to economic sanctions administered by the organization named in this application is aware that a list of		
blocked persons subject to such sanctions, and overviews a http://www.treas.gov/ofac . Should any change in circumstar		
notify the Washington State CFD Office immediatly.	rices pertaining to this certification occur at any time, the	Accept Declin
38) By checking the "ACCEPT" box, I hereby certify that I am a c	duly authorized officer or representative of this agency, th	
authorized to execute this application on behalf of such ager	ncy. I further certify that all of the responses given are trut	
20) Places provide your full pames*	40) Please provide your telephone number	Accept Declin
39) Please provide your full name:*	40) Flease provide your telephone number	ii.
	(Phone number must be in xxx-xxxx format)	
41) Please provide your e-mail address:*	Signature of Executive Director or Boa	rd Member: *
Part 5: NPO Profile		* Required Field
rait 3. NFO FIOIIIe		Required Fleid
42) Please enter a summarized version of your mission sta	atement (25 words or less): *	
43) Category:* (Select one)		
☐ Animals & The Environment ☐ Education ☐ Arts, Culture, & Humanities ☐ Health & H	Joseph Honoreh	☐ Sr. Centers & Services
☐ Children, Youth & Family Services ☐ Housing &	Homelessness Development	Unknown
☐ Disaster Relief & Emergency Assistance ☐ Human Se	+	
44) Administration/ Fundraising Fee based upon IRS Form	n 990:	dministrative Cost
45) Counties Served (select all that apply):		
☐ All Counties ☐ Clallam ☐ Ferry ☐ Islan☐ Adams ☐ Clark ☐ Franklin ☐ Jeffe		□ Wahkiakum □ Walla Walla
☐ Asotin ☐ Columbia ☐ Garfield ☐ King☐ Benton ☐ Cowlitz ☐ Grant ☐ Kitsa		☐ Whatcom ☐ Whitman
☐ Chelan ☐ Douglas ☐ Grays Harbor ☐ Kittit	·	☐ Yakima
46) Please list any questions or comments you may have:		
, , , , , , , , , , , , , , , , , , , ,		